Fill	in this information to identify your case:				
Deb	btor 1 Ingrid Rivera		Che	ck if this is:	
				An amended filing	
	btor 2				ring postpetition chapter
(Spo	ouse, if filing)			13 expenses as of t	ne following date.
Unit	ited States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVA	NIA		MM / DD / YYYY	
	se number 1:21-bk-02672 xnown)				
O	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people are fi ormation. If more space is needed, attach another sheet to this form mber (if known). Answer every question.				
	rt 1: Describe Your Household				
1.	Is this a joint case?				
	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No	. 0	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	40	
	Yes. Debtor 2 must file Official Form 106J-2, Expenses for	Separate Housei	noia of Deb	otor 2.	
2.	Do you have dependents? ☐ No				
		Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
		Granddaughtei	r	7	■ Yes
	<u> </u>				□ No
		Grandson		12	■ Yes
	-				□ No
					☐ Yes
					□ No
	_				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes				
	rt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a supplen plicable date.				
	clude expenses paid for with non-cash government assistance if you are value of such assistance and have included it on Schedule I: You				
	fficial Form 106l.)	rincome		Your expe	enses
4.	The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.	ude first mortgage	4. 9	\$	845.06
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	6	0.00
	4b. Property, homeowner's, or renter's insurance		4b. S	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. §		40.00
	4d. Homeowner's association or condominium dues		4d. \$	·	0.00
5.	Additional mortgage payments for your residence, such as home	equity loans	5. 8	\$	0.00

Official Form 106J Schedule J: Your Expenses page 1

20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20f. Storage unit 21. +\$ 188.00 Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ■ No.	ebtor 1	Ingrid Rivera	Case num	ber (if known)	1:21-bk-02672			
Sec. Telephone, cell phone, Internet, satellite, and cable services Sec. \$ 310,00	Utilit	ies:						
6b. Valer, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 310,00 6d. Other. Specify: 6d. \$ 0,00 6d. Other. Specify: 7. \$ 0,00 6d. Other. Specify: 8 \$ 0,00 6d. Other. Specify: 9 \$ 175.00 Fersonal care products and services 10. \$ 175.00 Fersonal care products and services 11. \$ 150.00 6d. Other. Specify: 15. \$ 100.00 6d. Other. Specify: 15. \$ 0.00 6d. Specify: 16. \$ 0.00 6d. Specify: 16. \$ 0.00 6d. Specify: 17. \$ 0.00 6d. S			6a.	\$	350.00			
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Food and housekeeping supplies	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$				
Food and housekeeping supplies 7. \$ 900.00	6d.	Other. Specify:	6d.	\$	0.00			
Childrage and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 175.00 Personal care products and services 11. \$ 150.00 Medical and dental expenses 11. \$ 150.00 Transportation, include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 155. Health insurance 156. \$ 0.00 155. Vehicle insurance 156. \$ 0.00 157. Vehicle insurance 158. \$ 0.00 158. Corp your combined to support others. 159. \$ 0.00 150. Vehicle insurance 150. \$ 0.00 151. Car payments for Vehicle 1 171. Car payments for Vehicle 1 172. Car payments for Vehicle 2 173. Car payments for Vehicle 2 174. Car payments for Vehicle 2 175. Other. Specify: 176. Other. Specify: 177. Other. Specify: 178. Could be support others who do not live with you. 189. Outpayments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. 20a. \$ 0.00 20b. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortigages on other property 20a. \$ 0.00 20b. Property homeowner's, or renter's insurance 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$	Food	• • •	7.	\$				
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Personal care products and services 10. \$ 1110.00			9.	\$				
Medical and dental expenses		· · · · · · · · · · · · · · · · · · ·		\$				
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Insurance Ins			13.	\$	100.00			
Insurance.			14.	\$				
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